

ISSUE SLIP STAPLE AREA (for additional cross references)

6-13-90
N

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	lung		4.15.90
O.I.P.E. CLASSIFIER		71557	4-21-90
FORMALITY REVIEW			6/12/90
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 ÷ Restricted O Objected

Best Available Copy

Claim	Date			
Final	Original	7	1	6
1	✓	✓	✓	✓
2	✓	✓	✓	✓
3	✓	✓	✓	✓
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
12	✓	✓	✓	✓
13	✓	✓	✓	✓
14	✓	✓	✓	✓
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Claim	Date			
Final	Original	7	1	6
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Claim	Date			
Final	Original	7	1	6
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If more than 150 claims or 10 actions
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